



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

March 25, 2004

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED – 3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Pastor R. Alvarado, in amount of \$15,094.34
Antons B. Erins, in amount of \$1,000
Uriarte R. Lopez, in amount of \$4,685.34
Mildred Manaig, in amount of \$32,817
Maria Ochoa, in amount of \$4,358
Ruben Moreno, in amount of \$5,317
Cynthia Thompson, in amount of \$4,894.18
Timothy Wells, in amount of \$33,146.51

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

Telephone
(213) 974-2101
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BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
MAR 23 PM 1:35

FILED

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

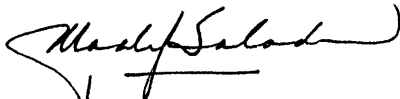
Implementation of Strategic Plan Goals:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:DA:efh
e:Comp.62

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
LLOYD W. PELLMAN
County Counsel

By 

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 62A
DATE: March 25, 2004

Amount of Aid	\$108,510.00	Account Number	10681390
Amount Paid	.00	Name	Alvarado, Pastor R.
Balance Due	108,510.00	Service Date	07/02/01 to 11/05/01
Compromise Amount Offered	15,094.34	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 93,415.66	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Alvarado was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$108,510.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$55,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 24,750.00	\$ 24,750.00	45.00%
Attorney Cost	9,716.66	9,716.66	17.66%
County of Los Angeles	108,510.00	15,094.34	27.46%
Net to Client	N/A	5,439.00	9.88%
Total	\$142,976.66	\$ 55,000.00	100.00%

Our financial investigation reveals that Mr. Alvarado is self-employed and supports a family of two with a marginal income. He has no other income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 62B
DATE: March 25, 2004

Amount of Aid	\$29,792.00	Account Number	10431839
Amount Paid	.00	Name	Erins, Antons B.
Balance Due	29,792.00	Service Date	08/15/99 to 09/17/99
Compromise Amount Offered	1,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$28,792.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Erins was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$29,792.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$5,001.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Cost	\$ 3,949.04	\$3,299.69	78.97%
Scott A. Baden M.D.	925.00	.00	.00%
Valley Emger Physician Medical	270.00	.00	.00%
Los Angeles County Fire Department	377.00	.00	.00%
American Medical Response	364.00	.00	.00%
Sherman Oaks Diagnostic	53.00	.00	.00%
Sherman Oaks Hospital & Diagnostic	526.00	.00	.00%
County of Los Angeles	29,792.00	1,000.00	7.01%
Net to Client	N/A	701.31	14.02%
Total	\$36,256.04	\$5,001.00	100.00%

Our financial investigation reveals that Mr. Erins is self-employed and earns a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 62C
DATE: March 25, 2004

Amount of Aid	\$62,538.00	Account Number	10744633
Amount Paid	.00	Name	Lopez, Uriarte R.
Balance Due	62,538.00	Service Date	05/09/03 to 05/23/03
Compromise Amount Offered	4,685.34	Facility	Rancho Los Amigos M.C.
Amount to be Written Off	\$57,852.66	Service Type	Inpatient

JUSTIFICATION

Mr. Lopez was involved in an automobile versus automobile accident. He was treated at Rancho Los Amigos Medical Center at a cost of \$62,538.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Dr. James Villa	4,200.00	314.66	2.09%
County of Los Angeles	62,538.00	4,685.34	31.25%
Net to Client	N/A	5,000.00	33.33%
Total	\$71,738.00	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Lopez is unemployed and receives support from relatives and friends. He has no other income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 62D
DATE: March 25, 2004

Amount of Aid	\$ 85,148.00	Account Number	10660824
Amount Paid	.00	Name	Manaig, Mildred
Balance Due	85,148.00	Service Date	07/2402 to 08/06/02
Compromise Amount Offered	32,817.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 52,331.00	Service Type	Inpatient

JUSTIFICATION

Ms. Manaig was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$85,148.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,000.00	\$ 25,000.00	25.00%
Attorney Cost	296.21	296.21	.29%
City of Glendale Fire Department	817.40	817.40	.81%
County of Los Angeles	85,148.00	32,817.00	32.84%
Net to Client	N/A	41,069.39	41.06%
Total	\$119,261.61	\$100,000.00	100.00%

Our financial investigation reveals that Ms. Manaig is unemployed and is supported by relatives. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 62E
DATE: March 25, 2004

Amount of Aid	\$33,412.00	Account Number	10797415
Amount Paid	.00	Name	Ochoa, Maria
Balance Due	33,412.00	Service Date	11/30/99 to 07/11/00
Compromise Amount Offered	4,358.00	Facility	MLK Drew Medical Center
Amount to be Written Off	\$29,054.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Ochoa was involved in an automobile versus automobile accident. She was treated at Martin Luther King Drew Medical Center at a cost of \$33,412.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 5,000.00	33.33%
Attorney Cost	1,496.57	1,496.57	9.97%
Dr. Harold Markowitz	2,012.00	276.00	1.84%
Foothill Rehabilitation	2,705.00	366.00	2.44%
County of Los Angeles	33,412.00	4,358.00	29.07%
Net to Client	N/A	3,503.43	23.35%
Total	\$45,625.57	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Ochoa is unemployed and is supported by her spouse with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 63F
DATE: March 25, 2004

Amount of Aid	\$21,246.00	Account Number	10671187
Amount Paid	.00	Name	Moreno, Ruben
Balance Due	21,246.00	Service Date	06/29/02 to 07/26/02
Compromise Amount Offered	5,317.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$15,929.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Moreno was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$21,246.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 10,000.00	\$ 10,000.00	40.00%
Attorney Cost	474.05	474.50	1.89%
True View Radiology	3,200.00	1,190.00	4.76%
West Coast Medical Group	6,382.00	2,500.00	10.00%
Benjamin Gross, M.D.	1,600.00	560.00	2.24%
Homelink National Pharmacy	208.48	73.00	.29%
ABC Pharmacy	52.80	10.00	.04%
County of Los Angeles	21,246.00	5,317.00	21.28%
Net to Client	N/A	4,875.50	19.50%
Total	\$43,163.33	\$25,000.00	100.00%

Our financial investigation reveals that Mr. Moreno supports himself and a family with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 62G
DATE: March 25, 2004

Amount of Aid	\$53,241.00	Account Number	10604047
Amount Paid	.00	Name	Thompson, Cynthia
Balance Due	53,241.00	Service Date	08/15/01 to 12/26/01
Compromise Amount Offered	4,894.18	Facility	High Desert Medical Center
Amount to be Written Off	\$48,346.82	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Thompson was involved in an automobile versus automobile accident. She was treated at High Desert Medical Center at a cost of \$53,241.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 4,788.36	31.92%
Attorney Cost	317.46	317.46	2.13%
County of Los Angeles	53,241.00	4,894.18	32.62%
Net to Client	N/A	5,000.00	33.33%
Total	\$58,558.46	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Thompson supports herself and family with a marginal income. She has no other income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 62H
DATE: March 25, 2004

Amount of Aid	\$358,742.00	Account Number	10748581
Amount Paid	.00	Name	Wells, Timothy
Balance Due	358,742.00	Service Date	12/31/02 to 03/10/03
Compromise Amount Offered	33,146.51	Facility	LAC USC Medical Center
Amount to be Written Off	\$325,595.49	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Wells was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$358,742.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,146.50	\$ 33,146.50	33.14%
Attorney Cost	560.48	560.48	.58%
County of Los Angeles	358,742.00	33,146.51	33.14%
Net to Client	N/A	33,146.51	33.14%
Total	\$392,448.98	\$100,000.00	100.00%

Our financial investigation reveals that Mr. Wells is unemployed and receives support from relatives. He has no other income or tangible assets.